FOR STATE

TO DEPUT. TEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Meakly, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10568

The same of the sa					titution: Residence before admission
A COMM OUR THROUGH	. Mary's	MARYLAND	a. STATE Mar	yland b. COUNTY	St. Mary's
Mechai	incayana emils	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write R	URAL and give nearest town)
1909000	REPORTED R	ural.	Rural	Mechanicsvill	le
d. NAME OF HOSP	ITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRESS		o. IS RESIDENC ON A FARM
NAME OF	First	Middle	lasi i	4. DATE Month	Day Year
DECEASED (Type or print)				OF	
SEX	Howard		derson	9. AGE (In years 15	13, 19 60 UNDER 1 YEAR I IF UNDER 24 HRS.
	Villa di Anna	THE THE THE THE THE THE		last birthday) N	Months Days Hours Min-
LALE	TION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTI	March 28,1		1 12. CITIZEN OF WHAT COUNTRY
	orking life, even it retired				
Sales I	an		1 14. MOTHER'S MAIDEN	lia, Delaware	U.S.A.
1 TATTLE STATEME					
WAS DECEASED F	Homer B.	Anderson ES7 16. SOCIAL SECURITY NO. 17.	Lula R. Ca	tlinAddress	
es, no, or unkown)	(flyesgive war or dates of se	vice)			
yes	WWILL	221-09-9014	Martha B.A	nderson Mec	hanicsville, M
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bleedin	g Esophagea	l Varrix	INTERVAL BETWEEN ONSET AND DEATH Immed.
501	DUE TO				
Conditions, if an	. ()	Portal	Cerrhosis		5 yrs.
gove rise to immed	diele couse				
(a), stelling the	underlying				
cause last.	[6]				The second secon
PART II. OTHE	R SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPS
	R SIGNIFICANT CONDITI	ons contributing to DEATH BUT NO AREINOMA OF XED		IAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
	R SIGNIFICANT CONDITI	Administration of the Control of the	Tongue		PERFORMED?
PART H. OTHE 20a. EXTERNAL C PRIMARY OF OF C CAUSE OF DEATH 20c. TIME OF INJ	R SIGNIFICANT CONDITION CAUSE WAS DONTRIBUTING DELLA	arcinoma of XIII b. DESCRIBE HOW INJURY OCCURED. [Enter nature of Injury In Peri	I or Pert If of item 18.)	PERFORMED?
PART II. OTHE 20a. EXTERNAL C PRIMARY OF C CAUSE OF DEATH	R SIGNIFICANT CONDITION CAUSE WAS DONTRIBUTING DELLA	arcinoma of the b. DESCRIBE HOW INJURY OCCURED. [Enter nature of Injury In Peri	I or Pert If of item 18.)	YES NO A
PART II. OTHE 20e. EXTERNAL C PRIMARY O or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m.	R SIGNIFICANT CONDITI C AUSE WAS ONTRIBUTING URY Month, Day, Year	arcinoma of the bar of	Enter nature of Injury In Peri ACE OF INJURY (Home, farm lory, street, office bldg., etc.	I or Pert If of item 18.)	YES PERFORMED? YES NO (State)
PART II. OTHE 20e. EXTERNAL C PRIMARY ET OF C CAUSE OF DEATH 20c. TIME OF INJ HOUR B.M. p.m. 21. I certify i	R SIGNIFICANT CONDITI C AUSE WAS ONTRIBUTING URY Month, Day, Year	arcinoma of Lower College Control of the College Colle	Enter nature of Injury In Peri ACE OF INJURY (Home, farm lory, street, office bldg., etc.	I or Pert If of item 18.)	YES PERFORMED? YES NO (County) (State)
PART II. OTHE 20e. EXTERNAL C PRIMARY OF OF C CAUSE OF DEATH 20c. TIME OF INJ HOUR a.m. p.m. 21. I certify i	CAUSE WAS DOTRIBUTING DAY, Year Month, Doy, Year 19 that I took charge of	arcinoma of Lower College Control of the College Colle	Enter nature of Injury In Period ACE OF INJURY (Home, farm tory, street, office bldg., etc.	Lor Part If of item 18.) 20f. (City or town) Inspection Inquiry Industry	YES NO (County) (State)
PART II. OTHE 20e. EXTERNAL C PRIMARY OF OF C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify it death resulted ACTUAL	CAUSE WAS DOTRIBUTING DAY, Year Month, Doy, Year 19 that I took charge of	arcinoma of Lower College Control of the College Colle	Enter nature of Injury In Period ACE OF INJURY (Home, farm tory, street, office bldg., etc.)	Lor Part If of item 18.) 20f. (City or town) Inspection Inquiry Industry	YES PERFORMED? YES NO (County) (State)
20e. EXTERNAL C PRIMARY OF OF C CAUSE OF DEATH 20e. TIME OF INJ Hour a.m. p.m. 21. I certify to death resulted	CAUSE WAS DONTRIBUTING DEPARTMENT ON THE PROPERTY OF THE PROPE	arcinoma of Lower Colors of the colors of th	Enter nature of Injury In Periods ACE OF INJURY (Home, farm tory, street, office bldg., etc.) eld an Autopsy, cide, Homicide CHIEF MEDICAL E	I or Pert If of item 18.) 20f. (City or town) Inspection Inquiry Undetermined man	(County) (State) and in my opinion ner DATE SIGNED
PART II. OTHE 20e. EXTERNAL C PRIMARY OF OF C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify it death resulted ACTUAL	CAUSE WAS DONTRIBUTING DEPARTMENT ON THE PROPERTY OF THE PROPE	arcinoma of Lower College Control of the College Colle	Enter nature of Injury In Period ACE OF INJURY (Home, farm lory, street, office bldg., etc. eld an Autopsy, cide, Homicide, CHIEF MEDICAL E, M.D. ASSISTANT MEDIDEPUTY MEDICAL	I or Pert If of item 18.) 20f. (City or town) Inspection Inquiry Undetermined man	(County) (State)
PART II. OTHE 20e. EXTERNAL C PRIMARY OF OF C CAUSE OF DEATH 20e. TIME OF INJ HOUR OF INJ HOUR OF INJ HOUR OF INJ EMANUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATI	R SIGNIFICANT CONDITION C C AUSE WAS ONTRIBUTING 2D ONTRIBUTING 19 hat I took charge of from: Natural cau William D ON, 22b. DATE THEREO	arsinoma of Lower Course of Lo	Enter nature of Injury In Period ACE OF INJURY (Home, farm tory, street, office bldg., etc.) eld an Autopsy, cide, Homicide CHIEF MEDICAL E	Lor Pert If of item 18.) 20f. (City or lown)	(County) (State) and in my opinion opinion DATE SIGNED 9/13/60
PART II. OTHE 20a. EXTERNAL C PRIMARY 15 or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) te. BURIAL, CREMATI REMOVAL (Specif	R SIGNIFICANT CONDITION C AUSE WAS ONTRIBUTING 2D ONTRIBUTING 19 That I took charge of from: Natural cau William D ON, 22b. DATE THEREO (Y)	areinoma of interpretation of	Enter nature of Injury In Period ACE OF INJURY (Home, farm flory, street, office bldg., etc. eld an Autopsy	Lor Part If of item 18.) Inspection Inquiry Inspection Inquiry Indetermined man XAMINER CAL EXAMINER EXAMINER ity, town, or county) 22d. LOCATION (City, lown, o	(County) (State) ATE SIGNED 9/13/60 F country) (State)
PART H. OTHE 20a. EXTERNAL C PRIMARY OF OF C CAUSE OF DEATH 20c. TIME OF INJ HOUR a.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 2a. BURIAL, CREMATI	AUSE WAS ONTRIBUTING DATE THEREOUS DATE THE DAT	areinoma of interpretation of	Enter nature of Injury In Period ACE OF INJURY (Home, farm flory, street, office bldg., etc. eld an Autopsy	Lor Pert If of item 18.) 20f. (City or town)	YES PERFORMED? YES NO X (County) (State) DATE SIGNED 9/13/60 F country) (State) Delaware

Francis Ave. (Astron. McBit)

aternal .e Silkyesterkes. Here Sin various

Maryland St. I str'p

Found Mechanics villa

ZIEDY.

9/13/60

Delaware

Howard W. Inderson Sept. 13,

late limits larel 26,1976 http://doi.org/1976

Homes B. Andercon _ Inla R. Catlin -

yes ___ Mark 221-09-9014 Parths B.Anderson Mochanicsville, Md.

Bleeding Emophageal Varrix , French.

Tortal Carriceis 5 yrs.

Carcinoma of Mangy Toronte

d. H. Syd. d. matility

Spirist _ DAS/60 (dd Fellows Durden,

death. Page

hour

24

certificate

E 07.730MF	TANK HEALTH-PART	STATE DEPARTM		
AH JAN' - JO	HITAJO RO BT/	CHITIPOL	\$RB03	
	1000		Black of	
			And T	
of the second		67.4		
			99 635 30	
	get and			A SECTION OF
ha ka		-	•	
	100000			
			Applitation of the state of the	
, , , , , , , , , , , , , , , , , , , ,			war a	
•				
				of the state of

FOR STAT HEALTH DEP TO DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any one is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund and infector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, Elle pages 1 and 2 with the State Board of Haglith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND,

10091 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

and description of the same of					
1. PLACE OF DEA	TH		2. USUAL RESIDE		f institution: Residence before admission)
Y	St. Mary's	MARYLAND	Ma	aryland """	NTY St. Mary's
	(if outside corporete limits, nd give nearest town) on Park	c. LENGTH OF STAY IN 16	19	(If outside corporete limits, wri Lexington Par	te RURAL end give neerest town)
	PITAL OR INSTITUTION (if not in h	ospital, give street eddress)	d. STREET ADDRES		IS RESIDENCE ON A FARM? YES NO L.
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mon	
(Type or print)	Peter	Х.	Curtis	DEATH Septer	mber 11, 1960
5. SEX	6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9. AGE (In years Jest birthday)	Months Deys Hours Min.
Male	Colored widow	PED DIVORCED	April 8,	1912 48 yrs.	
done during most of	ATION (Give kind of work working life, even if relired) Lon Attandent		RY 11. BIRTHPLACE (Ste	Maryland	U.S.A.
	Clarence Curti	•		ret Milburn	
	EVER IN U.S. ARMED FORCES? 16		INFORMANT	Addres	
Y (Yes, no, or unkown)	(If yes give wer or deles of service)				
No	L X	The state of the s	argaret of	urtis rexing	ton Park, Md.
	DEATH [Enter only one cause per ATH WAS CAUSED BY:	line for (e), (b), end (c).]	D	R 1.	ONSET AND DEATH
010	IMMEDIATE CAUSE (e)		Broken	Neck	
010	DUE TO				
Conditions, if e					
geve rise to imme					
(e), sletting the	underlying (c)				
Z PART II. OTH		INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDITION GI	VEN IN PART 1(a) 119. WAS AUTOPSY
ОТУ	Froeture of	both len	" + left for	mer	PERFORMED?
PART II. OTH 200. EXTERNAL PRIMARY ID or CAUSE OF DEATH	CONTRIBUTING [RIBE HOW INJURY OCCURED.	(Enter nature of injury in I	A	
3 20c. TIME OF IN	JURY Month, Day, Year 20d	. INJURY OCCURRED 200. PL	ACE OF INJURY (Home, for	arm, 20f. (City or town)	(County) (State)
20c. TIME OF IN Hour a.m	a Doptil 1960 of w	ork et work Md	State Rt.	235 Lexingto	n Park, Md.
21. I certify	that I took charge of the re	mains described above, h	eld an Autopsy ,	Inspection X. Inqui	iry K, and in my opinion
death resulted	from: Natural causes	, Accident X. Sui	cide, Homicid	le, Undetermined a	manner
	7 0	0 0	CHIEF MEDICA	AL EXAMINER	
ACTUAL SIGNATURE_	Clips	732	M.D. ASSISTANT M	EDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	William D. B	oyd M. D.		cat examiner (a)	9/11/60
228. BURIAL, CREMAT REMOVAL (Speci		22c. NAME OF CEMETERY O	PR CREMATORY	22d. LOCATION (City, tow	n, or country) (Slete)
Burial	9/13/60	St. Franc	is Xavier	Compton,	Md.
23. FUNERAL DIRECT	OR	ADDRESS	24e. i	REC'D BY REGISTRAR 246. RE	GISTRAR'S SIGNATURE
W.Clarke	Mattingley L	eonardtown.	Md. DATE	P 1 4 '60 and	thur S. Krong

eltiget de light ust o'gust . Ja

20202

Lacting to Authority

berelob els!

dribaction attended

Jeseph Clar man Curtis

Burnt Latington Perk

Curtis September 11, 60

April 6, 1912 Ad

. . E. U basiyasi

nuclin tractal

by the normality affait sensent

Broken Reck Meek

9/11/60

m Md. State At. 235 Landengton Park, Man. 188.

Established I. Boyd M. D.

Burtal 9/13/60 St. Brunels Lawler Compton, Mi.

w. Clarke Hazzingley Leonardtova, Md. 1482 14 F . chart skintly

Division of STATISTICAL RESEARCH AND RECORDS **BALTIMORE 1, MARYLAND** 9-20-60 et PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission . COUNTY director, Page files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 ouside corporete limits, write RURAL and give neerest toy n write RURAL and give nearest town) o, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Board o . IS RESIDENCE ON A FARM? may be retained State | YES NO in pencil in tem 18. Give Pages 1, 2, and 3 to the fune Office along with form PM3. Page 5 may be retaine purial-transit permit. File gages 1 and 2 with the State death. NAME OF Yeer DECEASED OF (Type or print) DEATH 19 hours efter 5. SEX 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS B. DATE OF BIR last birthdey) Months Days WIDOWED DIVORCED 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven il retired) employed Office along with form PM3. burial-transit permit file gage 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elbert Dawkins Florance EDICAL EXAMINER: This certificate should be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, go, or unkown) | (Ifyesgivewarordalesofservica) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN 2 ONSET AND DEATH I. DEATH WAS CAUSED BY ROWNING removal, and IMMEDIATE CAUSE (e) MMED DUE TO (b) "pending" gava risa to immediata causa 10 Medical Examiner's DUE TO 35 (a), sleting the undarlying 6 cause lest. should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)] 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word NO L 20e. EXTERNAL AUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. should be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho ASURE OVE WEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stala) factory, street, office bldg., atc.) While Hour a.m. at work at work MWICOMOCO RIV. MADDOX 4:00 21. I certify that I took charge of the remains described above, held an Autopsy Inspection U. Inquiry and in my opinion Suicide death resulted from: Natural causes Accident L Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S William D. Boyd M.D. DEPUT NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial 40 OH Arlington National Arlington 23. FUNERAL DIRECTOR VS. A15ME Latney Funeral Home 1822 - 11 th.ST.N.W DATE SEP 16 '60 Cittan S. House 5M 7/59 Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

The state of the s ALLENOI A - LALE Fundal Physics Littington National Lineton, Lather Paseral Some 1828 - 11 th. ST. M.M. - ser Combington, N. C.

-8	44	40	1)	-
1	U	U	Ò	5

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	St. Mary's		MARY	LAND	2. USUAL RESIDEN	CE (Wher		b. COUNTY	on: Resider			ian)
b. CITY OR TOWN (I RURAL and give no	If autside carparate limi earest town)	ts, write	c. LENGTH OF STAY	IN 1b	CITY OR TOW	/N (If aut	tside carpor	ate limits, write R	URAL and	give nea	rest tawr	1)
d. NAME OF HOSPIT OR INSTITUTION	OWN TAL (If not in haspital, g				d. STREET ADDR	ural RESS	Me	chanicsv	ille			FARM?
3. NAME OF DECEASED (Type or print)	Fir	st	Middle	G.	ldsboroug		4. DATE OF DEATH	Man Sept		50°		Year 19 60
5. SEX	Raym	-	NEVER MARRI	ED 🗍	B. DATE OF BIRTH	1896		9. AGE (In years last birthday) 63 yrs.		-		ER 24 HRS.
10a. USUAL OCCUPATIO			Transition of the last of the	R INDUS	TRY 11. BIRTHPLACE	(State of	r foreign co and			I.S.		OUNTRY?
15. WAS DECEASED EVE (Yes. no. or unknown)		CES? 16.	dsborough SOCIAL SECURITY NO		Ann F			Add				
,	mmediate (n	ne for (a), (b), and (c).		rrie M. Bu	05	en b	chanicsv		INTE	ERVAL BE	TWEEN
PART II. OTI	CAUSE OF DEATH		CONTRIBUTING TO DE						EN IN PAR	RT 1(a) 1'	PERFC	AUTOPSY DRMED?
7	MEDICAL EXAMINER) RY Manth, Day, Yes	or 20d. II White at war	NJURY OCCURRED Nat while k at wark		ACE OF INJURY (Ham tary, street, affice blo		20f. (City	ar tawn)	(Caunty)		(State)
	sed alive an L Lean W.) attend		that d		MED	ECTOR [the causes ar		e date	stateo 22	(we) las d abave b. DATE SIGNED
23g. 8URIAL, CREMATIC REMOVAL ISpecify		OF.			r CREMATORY			ION (City, lown,			ylan	
W. Clarke	rs signature Mattingkey	Leon	ADDRESS mard town. M	aryl			BY REGIST	rar 2Sb. REGI	STRAR'S SI	S. H	RE	

Der death. Page 4 funeral directar, 2 should be filed with TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate b≡ executed within 24 haurs may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and if the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

TOWNSON ADDRESS TO THE TAXABLE PARTY. at ever use the training the second s afterminates local trace and accordance of the second second EL BOUND TO AND THE SECOND SEC A.T.20 Telephone Toward or company of the second the sall was proved the sale and the All directors the sale of the ALTERNATION AND ADDRESS OF THE PARTY OF THE the first and property to the property and the property a The same of the state of the st

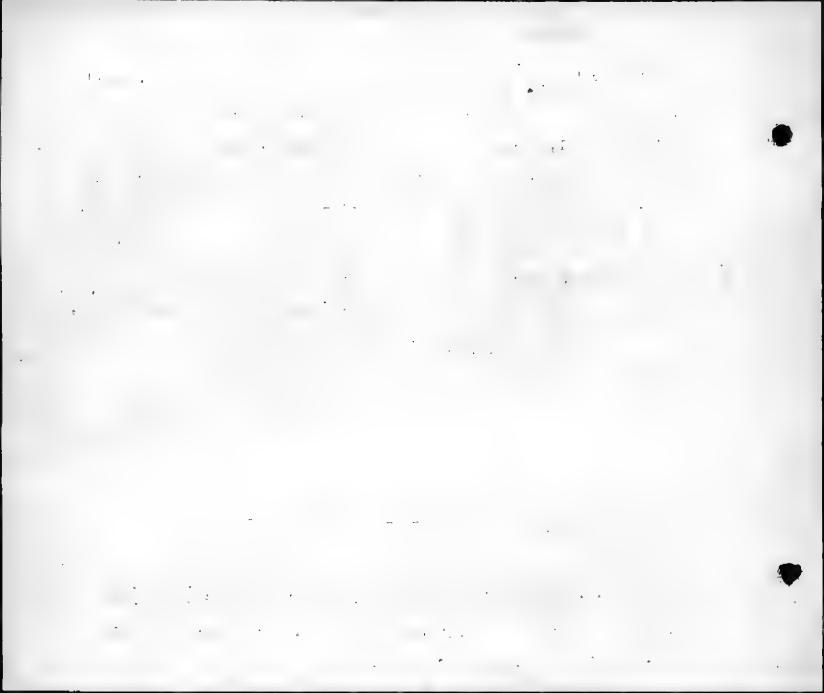
1. PLACE OF DEATH G. COUNTY	MARKANII	2. USUAL RESIDENCE a. STATE	(Where deceased lived.	If institution: Resid	ence before admission]
St. Mary's			bama		.las
CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16		(If outside corporate lim	nits, write RURAL one	d give nearest town)
Leonardtown	14 hrs.		Salem		
 d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION 	dress)	d. STREET ADDRES	is	La 20 .	e IS RESIDENCE ON A FARM?
St. Mary's Hos	nitel			~	YES NO
3 NAME OF First	Middle	Last	4. DATE	Manth	Day Year
(Type or print) Edwin	Clarence	Gullatte	OF DEATH Se	eptember	20. 1860
S. SEX 6. COLOR OR RACE 7 MARRIED		8. DATE OF BIRTH	9. AG	E IIn years IF UND	ER TYEAR IF UNDER 24 HRS
Male White WIDOWED	FI DIVONCED []	Oct. 13. 18	- 7	birthday) Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b, KII)					ITIZEN OF WHAT COUNTRY
during mast af warking life, even if retired)		'	Alai	ama	U.S.A.
13. FATHER'S NAME	arming	14. MOTHER'S MAID		SCILLEC.	U.D.A.
G G	1.				
Edwin Gullat		Elizab	eth Dunn	Address	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service)	CIAL SECURITY NO. 17. IN	IFORMANT		Address	
No	None Mr	s Charles E	.Cornthwaii	e 155 Woo	dlawn Drive_
18 CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	1	Jown Cree	k Manor C	al itsynieween
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Lerebra	I Vanon	Casin		2 whs
H22 DUE TO		4			, .
Conditions if any which \	(Vous	Selona	Lie cardi	DYROCUL	ndin
gave rise to immediate	in pool	G - CO10 1	(0-10-1	7 7 000	
cause (o), stoting the under-					
Iying cause lost. (c)	NITRIS ITING TO DE PUBLIT	NOT BELATED TO THE	GRANNIAL DISCASS CON	DITION CIVEN IN B	APT 1/-1/19 WAS A ITOPSY
PART IF. OTHER SIGNIFICANT CONDITIONS COL	ANKIBUTING TO DEATH BUT	NOT KELATED TO THE	EKMINAL DISEASE CON	DITION GIVEN IN PA	PERFORMED?
5	mas	es g -c	cvec		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ISE HOW INJURY OCCURRE	D. (Enleyingture of injur	у iл Part I or Part II of i	tem 18.)	
5 20c. TIME OF INJURY Month, Day, Year 20d. INJU			form, 20f (City or tov	rn)	(Caunty) (State
20c. TIME OF INJURY Manth, Day, Year 20d. INJU Hour o. m. While of work	Not while 100	tory, street, office bldg	etc.)		
		4/10	91	00	400
21 I certify that (I) (this hospital) attended	a/ . h. /		1960, 10 9/	- J	40 that (1) (e) los
saw the deceased alive on	ond that a	leoth occurred at-	M. from the c	ouses and on t	he date stated above
220 SIGNATURE	Ellenn	ATTENDING	MED STA	FF	22b. DATE SIGNED
1 Joyany	VICE	M.D. PHYS	DIRECTOR PHY	rs 🗌	
22c PHYSIQ(AN S NAME [Type]		22d. ADDRESS			
J. Roy Guyther.	M.D.		Mechanics	ville, Max	yland
	23c, NAME OF CEMETERY O	R CREMATORY	23d, LOCATION (City, tawn, or county	r) (State)
REMOVAL (Sopcify) 10/1/60	Antioch		Opelika,		Alabama
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a.	REC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
Frederick's Fineral Home	Opelika. Alab	ama DATI	FOCT 3 160	Cluthun &	Kinea

er death. Page 4 e funeral director, Then please remove carban papers. Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burio-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremotian, or removerning in any event, within 72 hours after death. TO HOSPITAL

VR A15 (4) ISM 9/59



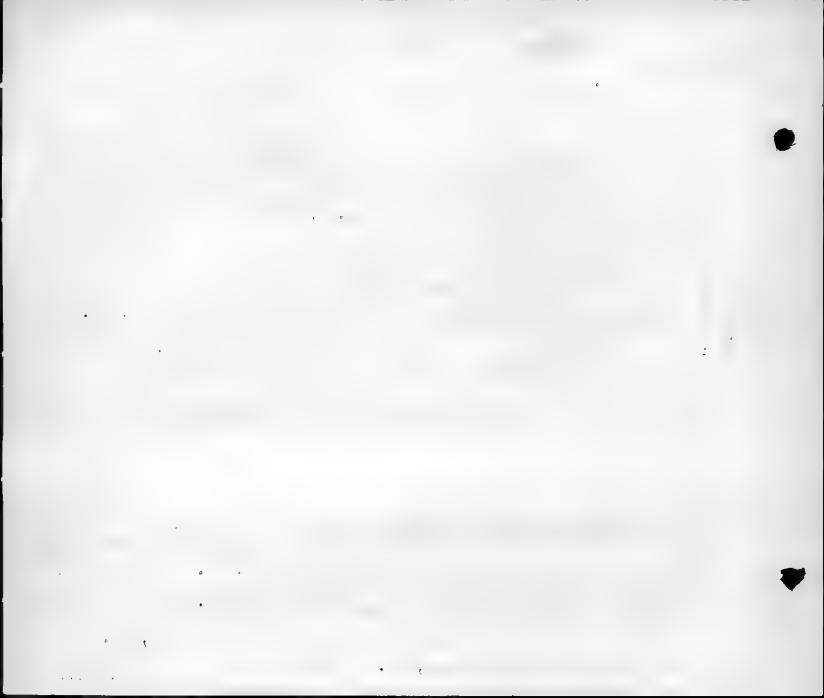


P.B. Robinson - Leonardtown. Md.

15M 10/57

L	TIMORE, 1	8			
				1	0676
-		Reg. D			
ise	d lived If institution 5. COUNTY				non)
	. 11 14 14 14	St.			
po	rote limits, write RI	JRAL and	give n	earest fawi	n)
) (ers				
				e. IS RES	FARIA?
E	Mant	h	0		Year
rH	N 3 (PP [] E, [PR []]	ber	25		19 60
	9. AGE IIn years	IF UNDE	R 1 YEA	R IF UND	R 24 HRS
	82 yrs.	Manths	Doys	Hours	Min
1 0	ountry]	12. C	ITIZEN	OF WHAT	COUNTRY?
			US	Д	
16	cil				
	Addr	ess			
_	Leonard	+ our	, r	/id.	
-	DEU/IAI U	LUYYI		TERVAL BE	TWEEN
	6	1	ON	ISET AND	DEATH
-	and the same of th			2 you	100
				*	
_					
4.0	E CONDITION GIV	Th. A. I. A. I. D. A.	07.14.1	10 14/45	ALITORNA
Α3	E CONDITION GIVE	LN IN PA	KI I[Q]	19 WAS PERFO	
_	t II of item 18.1			YES [NO 🗆
or.	r II or item 18.j				
ity	or town]	1	(County)	(Slote)
£.	25, 1960	that f	last s	aw the	deceased
o n	n the causes a	nd an i	the do	ate state	ed abave.
	reet, city or town,				ATE SIGNED
	Md.		9/	26/6	60
- 48		~~~~~			
	Md.				
A	IION (City, town, o			(Stot	e)
			3.5.2	,	,
IS1	eat N17	TRAR'S SI	GNATE	JRE	

artimo S. Kraus

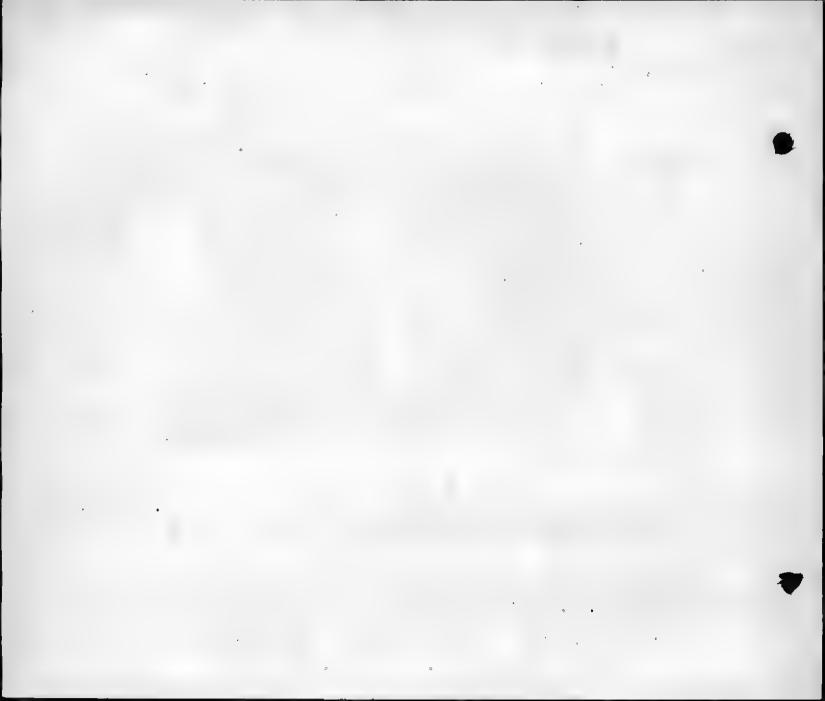


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) o. COUNTY St. Marys o STATEDistrict of Continuis MARYLAND b. CITY OR TOWN I'll guiside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town), Washington Maddox d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 3404-13th St. N.W. Wicomico River YES NO NAME OF First 4. DATE Middle Month Year DECEASED Clarabell Malish September 60 Johnson DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX P. AGE (In years IF UNDER TYEAR IF UNDER 24 HES Months Hours Jan. 5, 1915 female colored | WIDOWED [DIVORCED | 10c. USUAL OCCUPATION (Give kind of work done during most of working lie, even if telired)

Beautician

Hair Dressing

North Caroline 12. CITIZEN OF WHAT COUNTRY? oge North Carolina USA pages 1 ent withi ive Poges 1 form PM3. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rudolph Thomas Nellie Wilson form File p 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address III yas, give wor or dates of service) 3404-13thSt.N.W. Wash Nellie Thomasno Immed. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. FART 11, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Mentieluk xoxozatotokazoka zakatokok xoxotoka zakazok zakatoka zakatoka zakazok zakazok zakazok zakazok zakazok NO TO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) small out board motor boat sunk while pleasure cruising 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year 19 60 While Not while Wicomico river Maddox, St. Marys, 21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** DEPUTY MEDICAL EXAMINER-Wm. D. Boyd. NAME (Type) BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Burial Lincoln Memorial Cemt. Suitland. Md. 23. FUNERAL DIRECTOR'S SIGNATURE 246. RÉGISTRAR'S SIGNATURE W. Ernest Jarvis -1432 U St. N.W. Wash. DCDATE SEP 16'60 5M 2/57



及 Jirector, Page Health is necessary, TO DEPUT TEDICAL EXAMINER: Tills certifinate infound be executed within 24 hours ofter death. If may is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furbility and 3 to the furbility as should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Lie-pages 1 and 2 with the State Board of Mail or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10678 10696 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare daceasad livad, If institution, Rasidence before admission)
St. Marys MaryLand	Maryland b. COUNTY Prince Geo.
b. CITY OR TOWN (if outside corporate l'mis, c. LENGTH OF STAY IN 16 write RURAL and give maerest town)	c. C.TY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
Hollywood	Clinton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS [. IS RESIDENCE
Patuxent River.	Rt. # 1, Box. 300
3 NAME OF First Middle DECEASED	Lest 4 DATE Month Day Year
(Type or print) Fred Arnold	Mitchel DEATH September 28 19 60
	B DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS.
male white WIDOWED DIVORCED	April 4. 1913 last birthday) Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work IDb. K.ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, avan if retired)	777
Gas Station Emp. Gas (Fuel)	Visconsin USA
Bertran Mitchel	Matie Buck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyasgive war or datasol service) Yes WW 2 575-25-25-4 Mr	s.Jessie Hoftizer - Hollywood, Mu.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	wning Onset and death Immed.
X 5 0 \	wittie Timiled.
DUE TO	
Conditions, if any, which (b)	
(a), stating the underlying DUE TO	
causa last.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a)) 19, WAS AUTOPSY
PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
Y	YES NO I
PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBU	(Entar nature of injury in Part I or Part I, of item 18.)
	from small boat, unable to swim:
🔭 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PL	ACE OF INJURY (Homa, farm, '20f, (City or town) (County) (State)
2 p.m. 9/28 1960 at work at work Pat	uxeht River Hollywood, St. Marys, Md.
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection v , Inquiry X , and in my opinion
death resulted from: Natural causes , Accident X, Suid	cide , Homicide , Undetermined manner
2007	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	M.D. ASSISTANT MED CAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 9/28/60
NAME (Typa) Wm. D. Boyd, MD	Address (Street, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (Clty, lown, or country) (Stata)
Burial 9/30/60 Arlington M	Vational Arlington, Va.
23 UNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Simmons Bros. 1661- GoodHope Rd.	De Co DAYGEP 3 0 '60 arithur S. House



	10084	GERTITION			
1. E	PLACE OF DEATH		2. USUAL RESIDENCE (Where d	L COUNTY	Residence before admission)
	St. Mary's	MARYLAND	Marylan	a	St. Mary's
l	b. CITY OR TOWN (If autside corporate limits, write BURAL and give apprest town)	c. LENGTH OF STAY IN 16	ac. CITY OR TOWN (If autside		AL and give nearest town)
_	Leonardtown,	13 days		idge	T of periodical
(d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS		e IS RESIDENC ON A FARM
		Hospital_	1-7-		YES NO
- (NAME OF First DECEASED	Middle		PEATH Sept.	Day Year
	(Type or print) 6. COLOR OR RACE 7 MARR	Jerry IED A NEVER MARRIED B	. DATE OF BIRTH	30,500	13, 1960
	Male White WIDOWE		Jan.16,1899		Months Days Hours Mir
0a	USUAL OCCUPATION (Give kind of work done 10b.				12. CITIZEN OF WHAT COUNT
	during most of working life, even if retired)		1/	laryland	U.S.A.
3.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
	Andrew Nor	ris	Franc	es Gatt	on
	WAS DECEASED EVER IN J. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	FORMANT	Addres	
repris	NO	R	osie F. Norris	Ridg	e, Md.
	Canditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying couse last.</u>				
CATION	PART II OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOI PERFORMED YES NO
L CERTIFI	200. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part I	ar Part II of item 1B.}	
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. It Haur a. m. While at war	Nat while foot	CE OF INJURY (Home, form, 20 ory, street, office bldg., etc.)	f. (City or tawn)	(Caunty) (Sh
	21. I certify that (I) (this haspital) attend	(1	(7.00)	4 1	3, 1% D, that (I) (we) I
	saw the deceased alive and Lag 7	21960 and that 4	eath occurred at 275 K	nam the causes and	an the date stated aba
	J.STATIONE	MX	ATTENDING MED DIRECTO	OR PHYS	9/14
	P.J.Bean M.	D.	22d. ADDRESS	t Mills. Me	iryland
	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF		LOCATION (City, town, or	
3		TOTAL OF CEMETER! OF			
,	Riprial 9/16/60	St. Micha	el's	Ridge.	Md.
]	Burial 9/16/60 FUNERAL DIRECTOR'S SIGNATURE	St. Micha	25o. REC'D BY	Ridge, REGISTRAR 255 REGISTI	Md.

TO HOSPITA:

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauringles demany be reto.

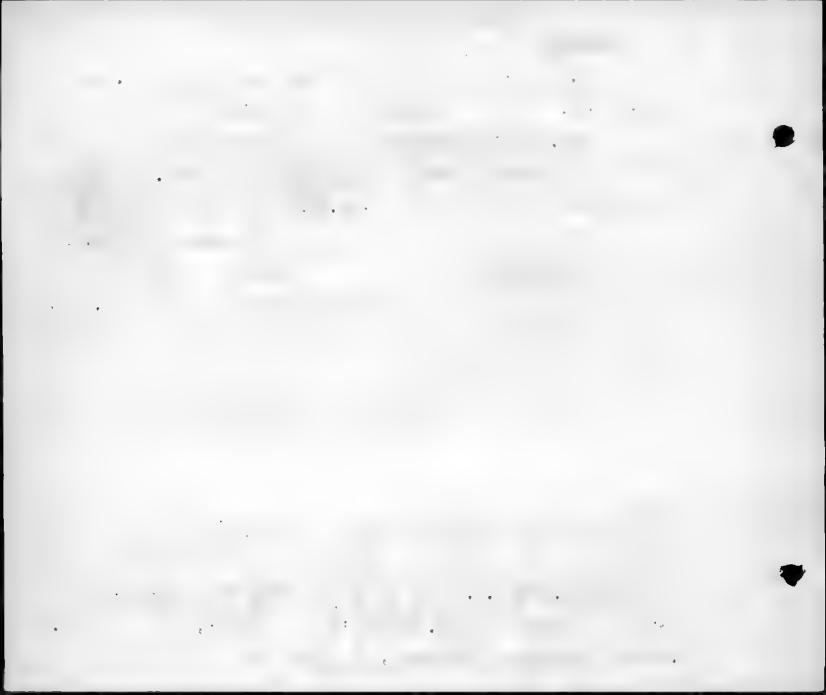
by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by The Fun page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should, the State Board of Health prior to burial, cremotion, ar remayal, and in any event, within 72 hours ofter death.

VR A15 (4) 1SM 9/59

with

ter death. Page 4 ne funeral director,



Ster death. Page 4

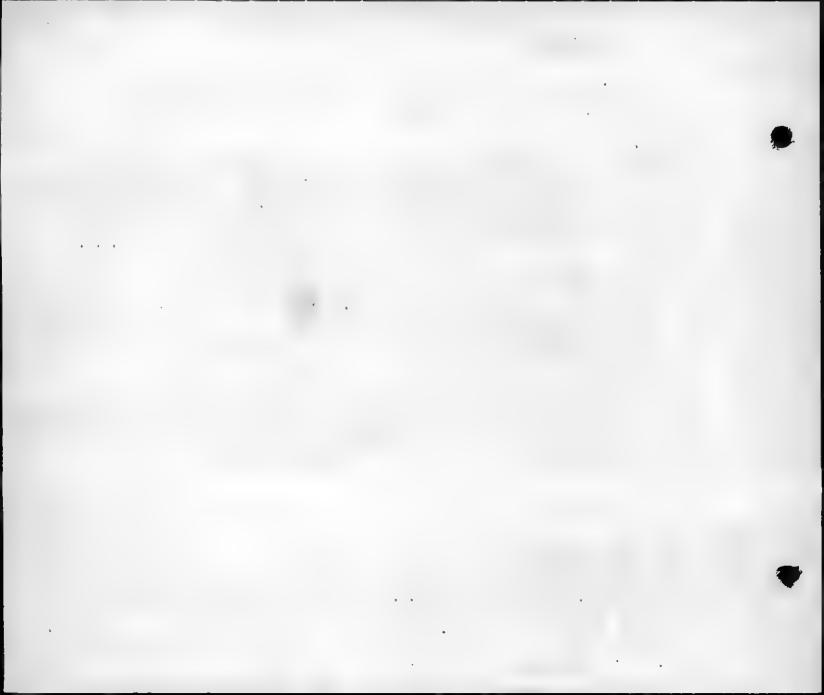
may be refal y by the haspital ar attending physic an.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remays arban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 transaction.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSEITA VR A1S (4) 15M 9/59

	PLACE OF DEATH				- 11	USUAL RESID	SENCE (Wh	ere decease		If institution	on: Reside	nce befa	re admiss	ian}
}		Mary's		MARYLA	IND	Maryl	and		υ.	St.	Mary	/¹ s		
	b. CITY OR TOWN (if a RURAL and give near		ts, write	c. LENGTH OF STAY IN	4 1b	CITY OR T	OWN (If a	utside corpo	orate limi	its, write R	URAL and	Bine uec	rest tawn)
	Leonardtow			2 hours		Leon	ardto	wn, Ma	aryl:	and				
1	d NAME OF HOSPITAL	(If not in haspital, g	ive street	address)		d. STREET A	DDRESS						e. IS RES	IDENCE FARM?
	St. Mar	y's Hospit	tal											NO
	NAME OF DECEASED	Fir	st	Middle		Los	1	4. DATE OF		Man	th	Do	y	(eor
	(Type ar print)	Her	ry	Franc	is	Pill	kerto	DEATH		9		1		19 60
\$.	SEX	6 COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. D	ATE OF BIRT	4		9. AGE	(In years birthday)	IF UNDER		IF UNDE	
_1	Male	White	WIDOW	DIVORCED	A	pril l	8, 18	93	6		territa 162	Days	nours	Mín.
10c	LSUAL OCCUPATION during mast af warking	(Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (State	ar fareign c	ountry)		12 CIT	IZEN OF	WHATC	OUNTRY?
1	Janitor	9 110, 6101111101100	'	Bank		Mar	vland				I	J.S.	A.	
13.	FATHER'S NAME				Ī	4. MOTHER'S		IAME						
	James Pil	clerton				Mary	E112	abeth	Ahe'	11				
	WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO			W		Add	ress			
111	no, ar unknown] (If	yes, give war or dates of s	ervicej		Mr	s.Luka	Go	ddard		Dra	yden	, Ma	rylai	nd
	1B. CAUSE OF DEATI	H [Enter only one co	iuse per lii	ne far (a), (b) and (c).)		03034				7	1	INT	RVAL BE	TWEEN
	PART I. DEATH	WAS CAUSED BY.		Cient	c a	cella	lin	al	h	ear		ONS	2. L.	S / .*
	1130	DUE TO											-	-
	Canditians, if any	which)	,	Eoron	lan	The	Frank	Engine .						
	gave rise to imi	mediate (·					
	cause (a), stating the lying cause last.	e under-				τ.								
7 z	PART II, OTHE			CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E COND	ITION GIV	EN IN PAI	RT 1(a) 1	9 WAS	AUTOPSY
CATION														RMED?
E.	20a ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY OC	CURRED. (6	nter nature a	Finjury in I	Part Lar Pa	rt II of i!	em 1B }				
L CERTI	OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH												
ICAI	20c. TIME OF INJURY	Manth, Day, Ye				OF INJURY (I			y ar taw	n)		County)		(Slate)
MEDIC	Haur a.m. p.m.	19	While at war	k at work	100.017	, 311601, 011166	. orogi, eic	1						
	23 I certify that	(I) (this hospital	1 attend	led the deceased f	ram	9/1	19	60 to	91	11	196	20 th	at (1) (we) last
	saw the decease	1111	11	19 6 dand 1		1 # 1			1/	Tuses on				
	220 S GNATURE	2 6	1		ioi ded	1		****	1110 01	20303 01	<u> </u>	0 4410		DATE
	6'hra	erler 12	CELL	mecl	M D	ATTENDING PHYS		ED RECTOR	STA	s \square				SIGNED
	22c PHYSICIAN'S					22d. ADDRE								•
	NAME (Type)	Dr. Charle	es Gr	eenwell M.D		Le	onard	town,	Mar	yland				
230	BUR AL, CREMATION			23c NAME OF CEMET				23d LOCA					(Stat	e)
	REMOVAL (Specify) Rurial	9/5/60		St. Geor	ge¹s			Val:	ley	Lee			Mo	i.
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			2Sa. REC*	D BY REGIS	TRAR	25k REGI	STRAR'S SI	GNAZV	RE	
	W. Clarke	Mattingle	эу	Leonard	town,	Md	DATE \$	SEP 7	'60		irthur	20. 700		

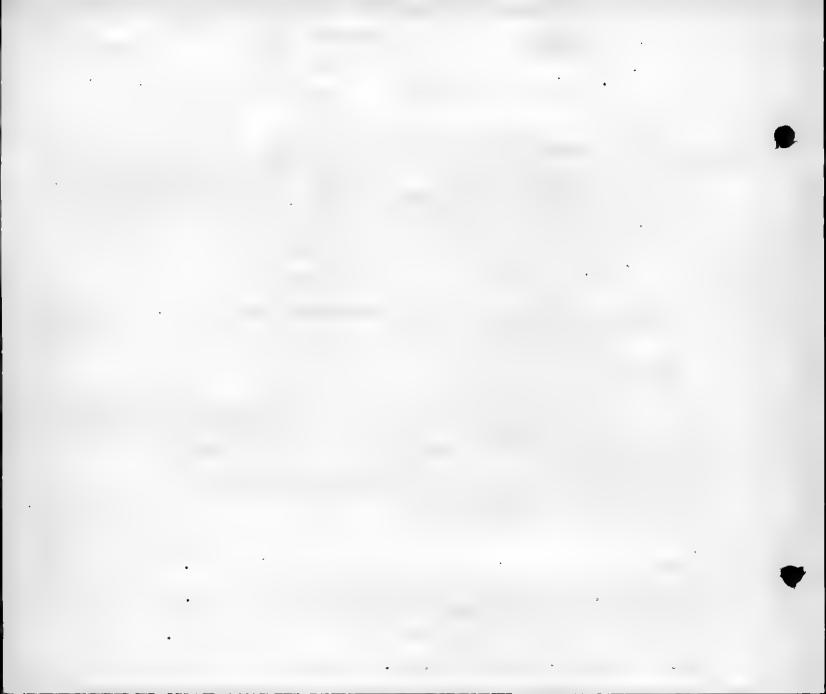


VS A15 (4) 15M 10/S7

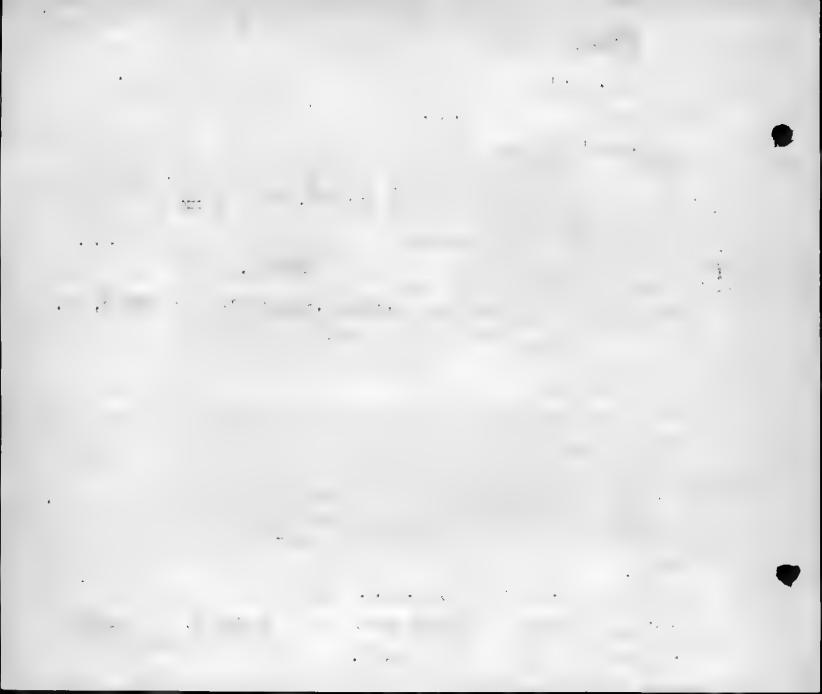
10681

ERATE F					Reg. Dist. No	h
PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE	(Where deceased		n: Residence befo	are admission)
St. Marys	MARYLAND	o. STATE Mar	vland	b. COUNTY	St. Mar	rvs
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corpo	rate limits, write RU	RAL and give ne	arest town)
Ridge		. Ri	dge			
d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION	.55)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM?
Rural		Ru	ral			YES NO
NAME OF First DECEASED	Middle	Lasi	4. DAYE	Month	1 0	ay Year
	Lula	Ridgell	OF DEATH	Septemb	er 15	1960
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS
female white WIDOWED T			2,1880	79 yrs	Manths Days	Hours Min.
Bo. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slate ar fareign co	zuniry)	12. CITIZEN C	OF WHAT COUNTRY
	omestic	Mary	land		1	USA
3. FATHER'S NAME		14 MOTHER'S MAID	EN NAME			
James S. Norris	S	F.Cat	herine	Stone		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI/ (Yes, no. or unknown) [(If yes, give wor or date of service)	AL SECURITY NO. 17. N	NFORMANT		Addre	33	
no	E	mory P.Ri	dgell.S	Scotland	. Md.	
18. CAUSE OF DEATH [Enter only one couse per line for		1			INT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	man si l	on lus	una.		ON	SET AND DEATH
DUE TO	0					J-HUDEN
Canditions, if any, which) (b)						
gave rise to immediate DUE TO						
lying cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASI	CONDITION GIVE	N IN PART 1(a)	IP. WAS AUTOPSY
Vinlettes me	like					PERFORMED?
200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	. (Enter nature of injur	y in Part I ar Part	11 of item 18.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY		CE OF INJURY (Home,	form, 20f. (City	or town)	(County)	(State)
Haur e.m. While p.m. 19 at work	Not while at work	tary, street, affice bldg.	, erc.;			
21. I certify that I/attended the deceased fr	cam Ou l.	, 1912 to	1 64	1000	that I lost a	aw the deceased
alive on 14 19/00	1/ -1	accurred at 715	E.			
		~ ^	ADDRESS (St	reet, city or town, st	ia an ine aa iale)	DATE SIGNED
ACTUAL SIGNATURE W	3	udu Grea	t Mills	Md.	9,	1.5/60
U//		DX.				
PHYSICIAN'S P.J. Bean MD		Grea	t Mills	Md.		
20. BURIAL, CREMATION, 226. DATE THEREOF 22c.	NAME OF CEMETERY OR			ION (City, town, or	county)	(State)
REMOVAL (Specify)	St. Michael			dge. Md.		(0.0.0)
	ADDRESS		REC'D BY REGIST	RAR 24b. REGIST	RAR'S SIGNATU	BE .
P.B. Robinson - Leonard	dtown. Md.	DATE	SEP 2 0	'60 C	inthus 2. Th	noted

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) a. COUNTY is necessary, director, Page or your files. **b.** COUNTY Maryland St. Marv St. Mary's MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) Hurry Leonardtown D.O.A. e Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained he State B YES NO Mary's Hospital death NAME OF Middle 4. DATE Month DECEASED MATETIU JOSEPH SOMERVILLE (Type or print) DEATH 1960 September may be 2 with 6. COLOR OR RACE 7, MARRIED NEVER MARRIED X 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF JNDER I YEAR July 16,1932 ould be executed within 24 hours after dear a pencil in flem 18. Give Peges 1, 2, and 3. Office along with form PM3. Page 5 may buriel-transit permit, file pages 1 and 2 wincoust, and in any event within, 72 hours. Months Days Colored WIDOWED DIVORCED 10e USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Dry Cleaning U.S.A. Maryland 14. MOTHER'S MA, DEN NAME 13. FATHER'S NAME James Somerville Mary A. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give were releasef service) Leonartown, Md. James C. Somerville 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Gunshot wound of chest, with massive internal IMMEDIATE CAUSE (a) hemorrhage DUE TO Conditions, if eny, which gave rise to immediate cause lease execute the certificate, writing the word "pending's should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a ris designated agent, prior to burial, cremation, or ren DUF TO (e), steting the underlying couse lest. PART I., OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY CERTIFICATION DC NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of stem 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH Shot by friend 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stefe) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg , etc.) Not While 10 60 Street et work el work Leonardtown Md. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection . Inquiry and in my opinion Homicide X death resulted from. Natural/causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 9/16/60 DEPUTY MEDICAL EXAMINER **EXAMINER'S** W. Bradley King, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 226. BURJAL, CREMATION | 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Bushwood. Sacted Heart 240 g ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE SEP 1 9 '60 arthur S. Kraus VS. A15ME W. Clarke Mattingley Leonardtown, Md. 5M 7/59



FOR STATE HEALTH DEPT

rector, Please rector, Page r your files. and at Health,

TO DEPUTY WANGAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pecass execute the Cilicate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the fune free 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any prent within 72 hours ofter death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10698 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		0698ME	DICA	L EXAM	AINER'S	CERTIFICAT	E OF	DEATH	Reg. Dist.	Not (683
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V				before o	dmission)
		t. Marys		.,	MARYLAND	o. STATE Distr	ict o	f Colum	bia		
1	o. CITY OR TOWN (if a	outside corporate fimits, write	RURAL	c. LENGTH OF	F STAY IN 16	c. CITY OR TOWN (IF	outside corp	orate limits, write	RURAL and gir	ve neares	t town)
	Madd	lox				Washi	ngton	De	TH	X	-3
	. NAME OF HOSPITA	L OR INSTITUTION (I	f not in hos	pitol, give street	address)	d. STREET ADDRESS				0.1	S RESIDENCE
	Wico	mico Rive	er			90 Que St	.S.W.				NO K
	NAME OF DECEASED (Type Barbar	Regina		Mic	ddle	Swann	4. DATE OF DEATH	Septem		Doy	Year 19 60
5. 5	EX	6. COLOR OR RACE	7. MARRIE	ED NEVER M	AARRIED 8.	DATE OF BIRTH		9. AGE (In years	-	AR IF U	NDER 24 HRS.
	female	colored		_		une 21,192		133 34yrs.	Months Day	ys Hou	rs Min.
100	. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	tone 10b. K	IND OF BUSINE	SS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CITIZEN	V OF WH	AT COUNTRY?
	Clerk	,,	Dr	y clea	ning	Washing	ton,	D.C.	1	USA	
13,	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME			41.15	
		Robert St	wann.	Sr.	1 -	Carrie	Tinke	r			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES7 16.		TY NO. 17. IN			Address			-
You	ne, er unknown)	(If yes, give was as dates of s	service)			obert Swan	n. Jr.		St.S.	W	Wash D
-		H [Enter only one cou			***************************************	oper o pireus	21,01.	0, 640		INTERVAL DE	
	10' CWOSE OL DEWI	to I Kuidt out out con									
	PART I DEATI	H WAS CAUSED BY-								DNSET AND	DEATH
	PART I, DEATI	H WAS CAUSED BY:			rownin	g				Imme	DEATH
	PART I, DEATH	H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO				g				DNSET AND	DEATH
	850 Conditions, if on	MMEDIATE CAUSE (o) DUE TO y, which } (b)				g				DNSET AND	DEATH
	Conditions, if on	DUE TO y, which (b)				g				DNSET AND	DEATH
	850 Conditions, if on	DUE TO (b) (b)				g				DNSET AND	DEATH
CATION	Conditions, if on gave rise to immed (a), stating the u cause lost.	DUE TO (b) (c) (c) (c) ER SIGNIFICANT CONI		D	rownin	S. DT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	-	Imme	AS AUTOPSY
KIMCATION	Conditions, if on gave rise to immed (a), stating the u cause lost.	DUE TO (b) (c) (c) (c) ER SIGNIFICANT CONI	DITIONS <u>CO</u>	D ONTRIBUTING TO	DEATH BUT NO				-	Imme	AS AUTOPSY
-	Conditions, if on gave rise to immed (e), slating the u	DUE TO y, which old to couse of the couse o	DITIONS CO	DOTRIBUTING TO	D DEATH BUT NO	OT RELATED TO THE TERMI	I or Port II e	of item 18.)	'EN IN PART I(DINSET AND IMME	AS AUTOPSY PROMED?
_	Conditions, if on gave rise to immed (e), slating the value lost. PART II, OTHI 200. EXTERNAL CAUPRIMARY Or CONCAUSE OF DEATH. 200. TIME OF INJUR	DUE TO TO TO TO THE PROPERTY OF THE PROPERTY	DITIONS CO	DONTRIBUTING TO	DEATH BUT NO OCCURRED. (En oard bo	DT RELATED TO THE TERMI ter noture of injury in Part at sunk wh E OF INJURY (Home, form	1 or Port o	leasure	'EN IN PART I(onser and Imme	AS AUTOPSY PROMED?
_	Conditions, if on gave rise to immed (e), slating the ucause lost. PART II, OTHI 200. EXTERNAL CAUPRIMARY Or COUSE OF DEATH. 20c. TIME OF INJURY Hour	DUE TO Ty, which of the course of the cours	b. DESCRIBE	DONTRIBUTING TO	DEATH BUT NO OCCURRED. (En ard bo	of RELATED TO THE TERMI ter noture of injury in Parl at sunk win to OF INJURY (Home, form try, street, office bidg., etc.	1 or Port o	ol item 18.) leasure or town)	EN IN PART I(DONSET AND	AS AUTOPSY PRORMED? NO TO STORE (Stote)
_	Conditions, if on gave rise to immed (a), stating the vicause lost. PART II, OTHI 200. EXTERNAL CAUPRIMARY (1) or CON CAUSE OF DEATH. 20c. TIME OF INJURY Hour was p. m.	DUE TO Ty, which of the course of the cours	b. DESCRIBE B. 120d. II White of wee	DONTRIBUTING TO E HOW INJURY OUT DO INJURY OCCURR Not while of work	OCCURRED. (En 20e. PLAC foctor	of RELATED TO THE TERMI ter noture of injury in Part at sunk wh E OF INJURY (Home, form ry, street, office bidg., etc. Onoco rive	il or Port II of il to p	leasure or town)	e cruis (County)	onser and Imme	AS AUTOPSY PRORMED? NO (Stote) Md.
-	Conditions, if on gave rise to immed (e), slating the ucause lost. PART II, OTHI 20c. EXTERNAL CAUPRIMARY 10 or CON CAUSE OF DEATH. 20c. TIME OF INJURATE OF THE OF INJURATE OF INJURATE OF THE OF INJURATE O	DUE TO (b) (c) ER SIGNIFICANT CONI SE WAS TRIBUTING Y Month, Doy, Yeo 9/11 196 at I took charge	b. DESCRIBE DES	DONTRIBUTING TO E HOW INJURY O OUT DO INJURY OCCURR Not while of work remains described	OCCURRED. (En la color la colo	of RELATED TO THE TERMI for noture of injury in Port at sunk wh E OF INJURY (Home, form TY, street, office bldg., etc. OMDCO rive e, held an Autops	ile por ile	leasure or town) ddox, S spection E.	Cruis (County St. Max Inquiry	olle when	AS AUTOPSY (Stote) Md. and in my
-	Conditions, if on gave rise to immed (e), slating the ucause lost. PART II, OTHI 20c. EXTERNAL CAUPRIMARY 10 or CON CAUSE OF DEATH. 20c. TIME OF INJURATE OF THE OF INJURATE OF INJURATE OF THE OF INJURATE O	DUE TO (b) (c) ER SIGNIFICANT CONI SE WAS TRIBUTING Y Month, Doy, Yeo 9/11 196 at I took charge	b. DESCRIBE DES	DONTRIBUTING TO E HOW INJURY O OUT DO INJURY OCCURR Not while of work remains described	OCCURRED. (En la color la colo	of RELATED TO THE TERMI ter noture of injury in Part at sunk wh E OF INJURY (Home, form ry, street, office bidg., etc. Onoco rive	ile por ile	leasure or town) ddox, S spection E.	Cruis (County St. Max Inquiry	olle when	AS AUTOPSY (FORMED? NO [3] NO [3]
-	Conditions, if on gave rise to immed (e), slating the value lost. PART II, OTHI 200. EXTERNAL CAUPRIMARY Or CONCAUSE OF DEATH. 200. TIME OF INJURATION OF THE CONTAUR OF	DUE TO (b) (c) ER SIGNIFICANT CONI SE WAS TRIBUTING Y Month, Doy, Yeo 9/11 196 at I took charge	b. DESCRIBE DES	DONTRIBUTING TO E HOW INJURY O OUT DO INJURY OCCURR Not while of work remains described	OCCURRED. (En la color la colo	of RELATED TO THE TERMI ter noture of injury in Part at sunk wh E OF INJURY (Home, form y, street, office bidg., etc. ombco rive e, held an Autops; Suicide [], 1	il er Port II e il 20 p 20 f. (City II Me y, In Homicide	leasure or town) ddox, S spection E.	Cruis (County St. Max Inquiry	on le wood of the control of the con	AS AUTOPSY (Stote) Md. and in my
-	Conditions, if on gave rise to immed (e), slating the ucause lost. PART II, OTHI 20c. EXTERNAL CAUPRIMARY 10 or CON CAUSE OF DEATH. 20c. TIME OF INJURATE OF THE OF INJURATE OF INJURATE OF THE OF INJURATE O	DUE TO (b) (c) ER SIGNIFICANT CONI SE WAS TRIBUTING Y Month, Doy, Yeo 9/11 196 at I took charge	b. DESCRIBE DES	DONTRIBUTING TO E HOW INJURY O OUT DO INJURY OCCURR Not while of work remains described	OCCURRED. (En la color la colo	at sunk who street the street of the sunk who sumb combco rive e, held an Autops: Suicide , the suicide , the suicide , the suicide , the suicide of the su	il or Port II or Port III or P	leasure or town) ddox, S spection X. Undete	County Inquiry Imprimed man	o) 19. W/PEF YES C	AS AUTOPSY PRORMED? (Stote) Md. and in my
-	Conditions, if on gave rise to immed (e), slating the value lose. PART II, OTHI 20a. EXTERNAL CAUPPRIMARY II or CON CAUSE OF DEATH. 20c. TIME OF INJURY Hour III. 21. I certify the opinion death of ACTUAL	DUE TO (b) (c) ER SIGNIFICANT CONI SE WAS TRIBUTING Y Month, Doy, Yeo 9/11 196 at I took charge	b. DESCRIBE DES	DONTRIBUTING TO E HOW INJURY O OUT DO INJURY OCCURR Not while of work remains described	OCCURRED. (En la color la colo	at sunk who street the street of injury in Part at sunk who so the street of injury in Part at sunk who so the street of injury (Home, form y, street, office bidg., etc.) Suicide , ! M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL	il or Port II or 11 de p	leasure or town) ddox, S spectian X. Undete	County Inquiry Imprimed man	on le wood of the control of the con	AS AUTOPSY PRORMED? (Stote) Md. and in my
-	Conditions, if on gave rise to immed (e), slating the value lost. PART II, OTHI 200. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH. 200. TIME OF INJURY Hour P. m. 21. I certify the opinion death of ACTUAL SIGNATURE EXAMINER'S	DUE TO (b) (c) ER SIGNIFICANT CONI SE WAS TRIBUTING Y Month, Doy, Yeo 9/11 196 at I took charge	DITIONS CO b. DESCRIBE MAI TO 20d. II While of wo af the re Natural co	DONTRIBUTING TO E HOW INJURY O OUT DO INJURY OCCURR Not while of work remains described	OCCURRED. (En la color la colo	at sunk who street the street of the sunk who sumb combco rive e, held an Autops: Suicide , the suicide , the suicide , the suicide , the suicide of the su	il or Port II or 11 de p	leasure or town) ddox, S spectian X. Undete	County Inquiry Imprimed man	o) 19. W/PEF YES C	AS AUTOPSY PRORMED? (Stote) Md. and in my
MEDICAL	Conditions, if on gave rise to immed (e), slating the value lost. PART II, OTHI 200. EXTERNAL CAUPRIMARY (1) or CON CAUSE OF DEATH. 201. TIME OF INJURY Hour was a part of the part of	DUE TO Y, which to couse nderlying DUE TO ER SIGNIFICANT CONI TRIBUTING D Y Month, Doy, Yee 9/11 196 at I took charge resulted from: N Vm. D. Boy 1/22b. DATE THEREO 9/15/6	b. DESCRIBE mall r 20d. II White of two af the r Natural c	DONTRIBUTING TO E HOW INJURY OUT DO INJURY OCCURR Not while of work causes	OCCURRED. (En PLAC Foctor Foct	at sunk who street the street of the terminal street of injury in Part at sunk who so the street of	1 or Port 11 or 12	leasure or town) ddox, S spection X, D, Undete	Cruis (County) Inquiry (County) (County) (County) (County) (County) (County) (County) (County)	o) 19. W/PEF YES [Sing) Cys, DATE CXXXIII	AS AUTOPSY AS AUTOPSY EFORMED? NO [X] (Stote) Md. and in my
	Conditions, if on gove rise to immed (e), slating the value lost. PART II, OTHI 200. EXTERNAL CAUPRIMARY Or CONSTANT OF DEATH. 201. I Certify the opinion death of the constant of the cons	DUE TO Y, which iole couse Inderlying SE WAS TRIBUTING Y Month, Doy, Yeo 9/11 19/ of I took charge resulted from: Ym. D. Bo; 122b. Date Thereo 9/15/6 5 SIGNATURE	b. DESCRIBE mall r 20d. II White of two af the r Natural c	DONTRIBUTING TO E HOW INJURY O OUT DO INJURY OCCURR Not while of work remains desc causes [], D 22c. NAME OF TABLESS 3015	OCCURRED. (En occurred book occurred book occurred book occurred obov occurred obov occurred	at sunk who so find the termination of the terminat	il or Port II or Port III or P	leasure or town) ddox, S spection X, D, Undete	Cruis (County) St. Man Inquiry (rmined man)	o) 19. W/PEF YES [Sing) Cys, DATE CXXXIII	AS AUTOPSY RFORMED? (Stote) Md. and in my TE SIGNED

AT STRUCTURE AND ADDRESS OF CLASS AND PLATE OF A PRACTICAL TO HTARO TO STADISTINGO DESTYUTE DE LA MODENTANDO and the last of the second sec CERTIFICATE OF DEATH

111684

e. IS RESIDENCE

Day

Hours

ONSET AND DEATH

PERFORMED? YES NO M

(Stote)

SIGNED

(State)

Md.

Dovs

ON A FARM?

YES NO

Yeor

60 19

with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY g. STATE St. Mary's b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write Pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) Mechanicsville Pin Mechanicsville Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION and NAME OF Middle 4. DATE Month DECEASED Cecilia death. Loretta Wathen September Pages (Type or print) DEATH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 32 yrs Months ofter Female plet WIDOWED [DIVORCED [yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? hours during most of working (ife, even if refired)
House wife Baltimore, Maryland U.S.A. Home 13 FATHER'S NAME 9 CGF William Douglas Morgan Cora Elizabeth Tippett remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT event W. Douglas Wathen Mechanicsville.Md. No none attending ease dny 18. CAUSE OF DEATH [Enter only one couse per line fer-in), (b), and (c).] a lum cell sercome PART I. DEATH WAS CAUSED BY: _ IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which E signed gove rise to immediate per DUE TO cause (a), stating the underg physician. has been sig lying cause lost burial-transit 10 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY emation attending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) certificate the MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) 113e p. m While Not while in is at work at work After 10 196 0 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram.___ detached saw the deceased alive an and that death accurred at 27M, from the causes and an the date stated above FUNERAL DIRECTOR: 22a, SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Leon W. Berube Mechanicsville, Maryland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a, BURIAL, CREMATION. REMOVAL (Specify) St. Joseph's Morganza, Burial 256 REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR Children & France W.Clarke Mattingley Leonardtown, Md. SEP 1 3 '60

director uneral 57 within 24 hau ... filled puo certificate physici death

2 15M 9/59

ö

- DAMESTEE

a French and

Burgh Heshandsonia organ series the bearing

Lorente Cacilla Mathen September 11, 60

Raltimore, Maryland M.C.A.

William Houghn Forgen Corn Minsbeth Mappell

node W Bonglas Wathen Nachanicaville, Mc.

Loon W. Bernbe

marial 9/14/60 St. Jonephis

Horse will's lidne

Female White - For 5,1920 32

W. Clarle Mattingley Leonardton, 11c.

Recharderville Maryland

Northead in